

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11	/						61						
12		/					62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
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36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	35	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	25	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	60					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS